

**North Carolina DUR Board Meeting
January 23, 2014**

Introductions and Public Comments

The meeting was called to order at 1:05 PM. Public comment was offered, but there was none.

Minutes

The October 2013 DUR minutes were approved as presented pending one revision.

Prospective DUR

Pro-DUR Status- The Board was informed this report is currently in development stages at CSC and will be provided to them in the future via email.

Top 200 by GSNs (November 2013) - The Board was notified that the naming methodology for the Top 200 reports has been redone; the changes were explained to the Board.

The Board was informed that the top three medications by paid amount were albuterol 90 mcg (\$2.3 million); Abilify 5 mg (\$2.1 million); and Synagis 100 mg/mL (\$2.0 million). When comparing August 2013 and November 2012 data it was noted that there were no significant differences in utilization data. The Board noted that Suboxone was in the top ten GSNs by paid amount.

Suggested Action Items

- 1. The Board requests Suboxone utilization data is provided at the April 2014 Board meeting.*

The top 200 GSNs by number of claims was reviewed and it was noted that the top three medications were albuterol 90 mcg (37,832 claims); cetirizine 1 mg/mL (22,669 claims); and amoxicillin 400 mg/5 mL (22,392 claims). When comparing August 2013 and November 2012 utilization data it was noted that there were no significant differences. The Board was informed that the overall number of claims has increased. The Board discussed the use of polyethylene glycol and requested a utilization report.

Suggested Action Items

- 1. The Board requests polyethylene glycol utilization data is provided at the April 2014 Board meeting.*

The top 200 GSNs by drug name was reviewed and it was noted that Abilify (\$6.9 million); methylphenidate (\$3.1 million); and Intuniv (\$3.0 million) were the top three medications. The Board was informed of the slight variations in medication ranking between November 2013 data and August 2013 and November 2012 data. However, it was noted that the top five medications have remained fairly consistent in terms of ranking over time. It was noted that Intuniv utilization has increased over time.

Top 15 GC3 Classes by Payment Amount (November 2013)- The top three GC3 classes by payment amount were H7T (Antipsy, Atyp, Dop, and Sero Anatag); H7X (Antipsych, Atyp, D2 Part Ag/5HT Mix); and H4B (Anticonvulsants). The Board was informed that the November 2013 data was very similar to the August 2013 data and the only new medication was Synagis.

Retrospective DUR

Non-Adherence to Board Selected Medications/Oral HIV Medications (MPR Method)- The materials in the January 2014 packets were presented and reviewed with the Board. The Board was reminded of the methodology for identifying non-adherent patients and was also informed how other State Medicaid DUR programs handle non-adherence interventions. The vendor's manual clinical review process was also discussed. Community Care of North Carolina's (CCNC) community education, activities, and outreach were discussed in terms of managing non-adherent patients. The Board also noted the importance of community pharmacy involvement in monitoring patient non-adherence; the significance of community pharmacies educating their patients on the importance of adherence; and the value of community pharmacies engaging with prescribers to notify them when their patients are non-adherent. The Board noted the challenges community pharmacies face when trying to manage non-adherence (e.g. retail pharmacy system limitations). The Board also noted patients enter and exit the Medicaid program and may enter the Ryan White program which could present a challenge when examining the rates of non-adherence. The Board discussed the need for non-adherence reports using the MPR method for the following groups: atypical antipsychotics, antihypertensives, and lipotropics.

Suggested Action Items

1. *The Board requests non-adherence reports using the MPR method for the following groups: atypical antipsychotics, antihypertensives, and lipotropics.*

Zolpidem FDA Recommended Dose Reduction- The materials in the January 2014 packets were presented and reviewed with the Board. It was noted that prescribing patterns most likely would have changed by now because it has been one year since the FDA made its dose reduction notification. The Board was informed that there are quantity limits in place for the medication but that may have forced patients into paying cash for the remaining 15 tablets per month instead. The Board was reminded that the medication utilization presented in the January 2014 packets only represented claims paid through the Outpatient Pharmacy Program. The Board discussed potential lettering using the prescriber profiling method. The Board determined no action would take place with this topic and no further monitoring is necessary.

Pediatric Diazepam Dose Greater than Ten Milligrams Daily- The materials in the January 2014 packets were presented and reviewed with the Board. The Board noted that some patients appear to be receiving high doses of diazepam regularly. The Board discussed the need to review prescription, medical, and procedure claim information for the patients identified.

Suggested Action Items

1. *The Board requests pharmacy, medical, and procedure information is examined and reported back to the Board during the April 2014 DUR Board meeting. Example patient profile(s) may also be needed.*

Ketorolac Procedure and Diagnosis Profiles for High Dose and Duration Patients- The materials in the January 2014 packets were presented and reviewed with the Board. It was noted that there were only six patients during this time frame who met the criteria. The Board reviewed the pharmacy, medical, and procedure claims for each patient. It was suggested that the vendor supply the patient identification numbers to DMA and DMA/CCNC could monitor these patients.

Suggested Action Items

1. *The Board requests that the vendor supply DMA/CCNC the six patients' MID numbers so CCNC can begin monitoring the patients.*

Overutilization of Albuterol Inhalers- The materials in the January 2014 packets were presented and reviewed with the Board. The Board noted some patients have not had a respiratory diagnosis submitted to Medicaid within the last year. The Board also stated that there are challenges in identifying patients who are overusing albuterol inhalers via automated methods due to billing procedures and various medication package sizes. The Board was informed of the number of patients receiving 14 or more albuterol/levalbuterol inhalers/claims in the past year who did not have an inhaled corticosteroid or leukotriene modifier on file.

Suggested Action Items

1. *The Board requests patient medical profile letters are sent to prescribers who have patients filling 14 or more claims for albuterol/levalbuterol who are not taking inhaled corticosteroids.*

Utilization of Naloxone- The Board was informed that no materials were in the packets for review. This topic was brought to the attention of the DUR Coordinator after the October 2013 DUR Board meeting and utilization statistics were requested for the January 2014 Board meeting. Utilization reports were generated and it was discovered during 2013 approximately ten patients received a paid claim for naloxone. It was noted that CCNC has recently begun an initiative which could result in pharmacies filling naloxone more frequently.

Suggested Action Items

1. *The Board requests re-running naloxone utilization in a few months to see if utilization has increased after the initiation of the CCNC naloxone program.*

Trigger Report- The materials in the January 2014 packets were presented and reviewed with the Board. It was noted that the number of claims has remained relatively consistent quarter over quarter since 2012Q3; the total amount paid and amount paid per claim have increased slightly; the number of patients who received a claim has decreased; and the number of claims per recipient has increased slightly. The top ten GC3 classes have remained the same since 2013Q2 and most changes in the report were due to seasonal changes. The Board noted that the percent

increase in amount paid for sodium replacement medications has increased dramatically which is most likely due to the shortages of the product. Overall, no significant issues were noted.

Summary of RDUR Activities- The packet materials were reviewed with the Board. The Board was asked if there were any comments or questions and there were none.

Potential Future RDUR Topics- The packet materials were reviewed with the Board. The Board was reminded of topics selected during prior DUR meetings that will be presented at a future meeting.

DMA Pharmacy Updates- The Board was informed of pharmacy reimbursement rate reductions that began January 1, 2014. They were also informed of a three percent rate reduction. The money obtained through that program will be used in an outcome measured model of care and will be paid out as incentives to participants. There will be 11 provider types and pharmacy is one of the 11 provider types. The State is working with CCNC to develop the outcomes model of care for pharmacies. The draft program is scheduled to be provided to the General Assembly in March 2014.

The Board was informed that the annual Panel meeting was held in January. The State is working with CSC to determine an implementation date for the new PDL.

The Board was informed that the State is working with the Physician Advisory Group (PAG) to draft a policy which would allow the State the ability to adjust the PDL as needed in order to maximize cost savings. The policy will be posted for a 45 day public commenting period.

It was announced that the new Medical Director, Nancy Henley, started last month.

The meeting was adjourned at 3:00 PM.